



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Carol Day at 8:46 am, Feb 20, 2015

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 107991	PRINTER SN 099.3586.832	DATE OF INSPECTION 02/18/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 40 S. Sprigg St. Cape Girardeau	TIME OF INSPECTION 12:46 pm
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**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☐ STANDARD SUPPLIER INTOXIMETERS LOT # AG501301 EXP. DATE 01/13/2017

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR EXP DATE \_\_\_\_\_

☒ CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ← .096

TEST 2 ← .103

TEST 3 ← .105

☒ RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**INSPECTING OFFICER**

SIGNATURE

*[Signature]*

PRINT NAME

Ryan Droege

TYPE II PERMIT NUMBER/EXPIRATION DATE

240444 12/22/2016

TELEPHONE NUMBER

(573) 335-6621

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901

AS IV Serial no: 107991  
Version no: 532B

TEST RECORD 00054  
Temp Date Time 210L

Air Blank:

02/18/15 12:34 .000

Subject Test: Auto

19 02/18/15 12:34 .000

Subject Name

Drøge

Subject I.D.

240

Operator Name, I.D.

Drøge 240444

Location

40 S Sprigg

AS IV Serial no: 107991  
Version no: 532B

TEST RECORD 00053  
Temp Date Time 210L

Air Blank:

02/18/15 12:39 .000

Calibration Check:

21 02/18/15 12:39 .105

Subject Name

Subject I.D.

Operator Name, I.D.

Drøge 240444

Location

40 S Sprigg

AS IV Serial no: 107991  
Version no: 532B

TEST RECORD 00052  
Temp Date Time 210L

Air Blank:

02/18/15 12:38 .000

Calibration Check:

21 02/18/15 12:38 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Drøge 240444

Location

40 S Sprigg

AS IV Serial no: 107991  
Version no: 532B

TEST RECORD 00051  
Temp Date Time 210L

Air Blank:

02/18/15 12:36 .000

Calibration Check:

20 02/18/15 12:36 .096

Subject Name

Subject I.D.

Operator Name, I.D.

Drøge 240444

Location

40 S Sprigg

AS 10 Serial no: 107991  
Version no: 532B

TEST RECORD 00054

Temp Date Time <sup>s/</sup> 2101

VOID: RFI  
12 02/18/15 12:42

Subject Name

Subject I.D.

Operator Name, I.D.

Drøge 240444

Location

40 S. Spring



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## Certificate of Analysis

Customer Name

Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Test Date: 14-Jan-2015

Lot # AG501301

Exp. Date

13-Jan-2017

Cyl. Type

108

Component

Ethanol  
Nitrogen

Certified Concentration

0.100  $\pm$  2% BrAC (272 ppm)  
Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

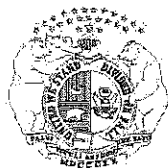
NDIR

Digitally signed by Quality Control  
Date: 2015.01.14 17:05:48 -06:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT**  
**TYPE II**  
**RYAN J DROEGE**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, INTOX DMT**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 12/22/2014

NUMBER 240444

EXPIRES 12/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-589-0771 (6-10)

LAB-4 (R5-10)



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator DROEGE, RYAN  
Permit No 240444  
Date Issued 12/22/2014 Date Expires 12/22/2016

**RECEIVED**

By Carol Day at 12:19 pm, Dec 23, 2014

**APPROVED**

By Brian Lutmer at 2:40 pm, Dec 23, 2014



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR <input checked="" type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL		CURRENT PERMIT NUMBER AND EXPIRATION DATE 240389 11/13/2016	
PRINT FULL NAME Ryan Joseph Droege		TITLE Patrolman	AGE 29
A disclosure concerning your SSN number is available at: <a href="http://www.health.mo.gov/lab/breathalcohol/">http://www.health.mo.gov/lab/breathalcohol/</a>			
DEPARTMENT OR TROOP Cape Girardeau Police Department		TELEPHONE 573 335 6621	
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 40 S Sprigg Cape Girardeau, MO 63703			
EMAIL ADDRESS rdroege@cityofcapegirardeau.org			

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS  
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATE OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACED / ACCURACY / MAINTENANCE / FORWASH / YES / REQUEST	NAME OF INSTRUCTOR
9/2011	SEMO LEA		DATAMASTER	<input type="checkbox"/>	Eddy
10/30/14	MSHP Academy		Intox DMT	<input checked="" type="checkbox"/>	Armistead
12/17/14	Missouri Safety Center	8	AS-HI	<input checked="" type="checkbox"/>	Welsh
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

OK BML

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. INTOX DMT	2 MR'S OK BML	5 SELF-TESTS OK BML
2. ALCO-SENSOR IV W/ PRINTER	8 MR'S OK BML	10 SELF-TESTS OK BML
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT

DATE

12/17/14

RETURN COMPLETED APPLICATION TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901